



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200002

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET GOLF MANAGEMENT INC.

DOING BUSINESS AS MIACOMET GOLF

ADDRESS 12 WEST MIACOMET RD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: COSTA, ALAN J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE FOR PUBLIC ACCESS GOLF COURSE, KITCHEN, DECK, BAR & GRILL
OCCUPANCY NUMBER 140, 5 ENTRANCES TO THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200011

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOXONTHEROCK, LLC

DOING BUSINESS AS THE CHICKEN BOX

ADDRESS 6 DAVE ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: JORDAN, JOHN N. TYPE OF LICENSE: Restaurant
III

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, DINING ROOM AND BAR. 612 SQ FT DECK TO WEST END OF BUILDING

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200035

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET ANGLERS CLUB, INC.

DOING BUSINESS AS NANTUCKET ANGLER'S CLUB

ADDRESS 1 NEW WHALE STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LEMA, BONNIE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR OF A TWO STORY BUILDING, TWO ROOMS & RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200039

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIDNEY & ROBERT HENDERSON PO.8608 VFW U.S.INC

DOING BUSINESS A

ADDRESS 22 BUNKER ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: PATERSON,
ARNOLD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CEMENT BLOCK AND BRICK BLDG, ONE STORY, 6 ROOMS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200040

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE SANKATY HEAD GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS SANKATY RD.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: KURATEK,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; CLUB ROOM, KITCHEN, BAR, OFFICE, RECEPTION ROOM, BASEMENT; LADIES
AND MENS LOCKER ROOMS, SMALL BAR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200053

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MINGO CORP.

DOING BUSINESS AS THE MUSE

ADDRESS SURFSIDE RD.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: O'REILLY II,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADD A 1605 IN THE REAR OF EXISTING BUILDING. 1ST FLOOR: KITCHEN, DINING ROOM,
BAR AND DANCE FLOOR. 2ND FLR; STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200055

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BYRON L. SYLVARO POST #82 AM. LEGION INC.

DOING BUSINESS AS

ADDRESS 21 WASHINGTON ST.

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: Pearce, Callie

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK BLDG, 2 FLOORS. FIRST FLOOR; MAIN HALL, KITCHEN, BAR, LOUNGE, 2
RESTROOMS. SECOND FLOOR; SMALL HALL, OFFICE

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200064

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & B NANTUCKET, INC.

DOING BUSINESS AS OLD SOUTH LIQUORS

ADDRESS 2 LOVERS LANE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ELAHI, MANJOR

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG. STORAGE AREA WITH DOUBLE GARAGE DOORS.
STORAGE AREA OF 16' WIDE AND 12' LONG. EXIT IN MAIN BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

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LICENSE NUMBER: 076200065

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MURRAYS BEVERAGE STORE, INC.

DOING BUSINESS AS MURRAYS BEVERAGE STORE

ADDRESS 23 MAIN ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: MURRAY, DAVID H JR. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; RETAIL, CELLAR AND STORAGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 076200066

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE ISLANDER, INC.

DOING BUSINESS AS THE ISLANDER

ADDRESS 15 OLD SOUTH ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: DRISCOLL,
PAULA E

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRAME BUILDING, FIRST FLOOR SALES

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200067

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUTNELL Package, Inc

DOING BUSINESS AS HATCHS PKG STORE

ADDRESS 133 ORANGE ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BROWNELL,
JUDITH C

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN SALES FLOOR, COOLER, STORAGE AND OFFICE AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200082

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET RESTAURANT MANAGEMENT CORPORATION

DOING BUSINESS AS THE FAREGROUNDS RESTAURANT

ADDRESS 27 FAIRGROUNDS ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: PUDER,
KIMBERLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING: FIRST FLOOR: DINING ROOM, LOUNGE, BAR, THREE
RESTROOMS, KITCHEN, HALLWAY, STORAGE AREA, PATIO DECK; SECOND FLOOR:
OFFICE, RESTROOM; BASEMENT.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200084

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Blazeworks, LLC

DOING BUSINESS AS Pi Pizzeria

ADDRESS 11 WEST CREEK ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: COSTANZO,
MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING, THREE ROOMS WITH 38 SEAT CAPACITY. CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200086

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET REGAL GROUP LLC

DOING BUSINESS AS CROSSWINDS

ADDRESS 14 AIRPORT ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: SKEHEL,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx. 2,500 sq. ft. containing kitchen, bar area, table seating area, take out counter, dishroom, storage areas, on 1st & 2nd floors, basement, patio, 4 entrances/exits including 1 through airport terminal, restaurant front door, through patio & through kitchen area. RESTAURANT FRONT DOOR, THRU PATIO & THRU KITCHEN AREA

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200091

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANKER, INC.

DOING BUSINESS AS SEA GRILLE RESTAURANT

ADDRESS 45 SPARKS AVENUE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: HARVEY, ROBIN TYPE OF LICENSE: Restaurant
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A TWO STORY BLDG., KITCHEN, DINING ROOM, RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200096

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A.L.M.SPIRITS, INC.

DOING BUSINESS AS NANTUCKET WINE & SPIRITS

ADDRESS SPARKS AVE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: WALSH, MARY F. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CORNER SHOP, FIRST FLOOR, 984 SQUARE FEET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200116

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MADDEQUET ADMIRALTY ASSOCIATION

DOING BUSINESS A

ADDRESS 15 TENNESSEE AVE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ERICHSEN,
THOMAS B.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BLDG, LARGE MEETING ROOM, KITCHEN AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200118

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUCKY CORPORATION

DOING BUSINESS AS LUCKY EXPRESS

ADDRESS 13 WEST CREEK RD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: THAIRATANA,
PATAMA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME DWELLING; TWO ROOMS ON FIRST FLOOR AND ONE ROOM
ON SECOND FLOOR WITH ATTACHED TWO BEDROOM APARTMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200120

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORBRIEO, INC

DOING BUSINESS A FIFTY-SIX UNION

ADDRESS 56 UNION ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: CLINTON-
JANNELLE,
WENDY J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STRUCTURE: FRONT DINING ROOM 50 SEATS. BACK DINING ROOM, 32 SEATS, TWO EXITS/ENTRANCE FACING UNION ST. THREE FACING EAST. PATIO 38 SEATS IN FRONT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200122

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R.J. DIAMOND, INC

DOING BUSINESS AS A.K. DIAMONDS

ADDRESS 16 MACY LANE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: DIAMOND,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN STRUCTURE WITH FULL CELLAR. FIRST FLOOR; 2 BATHROOMS,
DINING ROOM, PREP FACILITY, 2 MEANS OF EGRESS. CELLAR; STORAGE AND
MECHANICAL. 2ND FLR; DINING ROOM, TWO BATHROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200129

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS 250 MILESTONE ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BRESETTE,
THOMAS J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR OF CLUBHOUSE INCLUDING DINING ROOM AREA, BAR AREA, ONE
LOUNGE AREA, LOCKER ROOMS AND ADJACENT LAWN AND PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200133

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAD JAM, INC

DOING BUSINESS AS BAMBOO SUPPER CLUB

ADDRESS 2-4 CHINS WAY

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: HADDON,
SHANNON S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING: FIRST FLOOR DINING ROOM, KITCHEN, RESTROOM. SECOND FLOOR FULL SERVICE BAR. FOUR 4 MEANS OF EGRESS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200143

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROOKLYN BOOKS, INC.

DOING BUSINESS AS ANNYE'S WHOLE FOODS

ADDRESS 14 AMELIA DRIVE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: CAMARA, NANCY TYPE OF LICENSE: Package Store
C.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR UNIT OF A TWO UNIT CONDOMINIUM, 1433 S/F.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200150

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT H. NOLL

DOING BUSINESS AS SOPHIE T'S PIZZA

ADDRESS 7 DAVES STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: NOLL, ROBERT H. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200154

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR WEST CREEK L.L.C.

DOING BUSINESS A KITTY MURTAGH'S

ADDRESS 4 WEST CREEK ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GATELY, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY, WOOD-FRAMED BUILDING, ONE ENTRANCE AND EXIT , SEATING CAPACITY 56.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200162

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ISLAND EVENT SERVICES LLC

DOING BUSINESS AS STARLIGHT THEATRE & CAFE

ADDRESS 1 N. UNION STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: WATSON, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS, OUTSIDE PATIO, KITCHEN, RESTROOM, BASE MENT FOR STORAGE,
SEVERAL EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200164

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BROTHERHOOD OF THIEVES RESTAURANT MGT GRP,
LLC

DOING BUSINESS AS THE BROTHERHOOD OF THIEVES

ADDRESS 23 BROAD ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: KNAB, JEFFREY
LEE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200167

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EGB ENTERPRISES, INC

DOING BUSINESS AS THE ROSE & CROWN

ADDRESS 23 SOUTH WATER ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ULMER, RICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, LOUNGE, STORAGE AREA, OFFICE AND TWO RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200171

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MGILL CO, INC.

DOING BUSINESS AS THE HEN HOUSE

ADDRESS 1 CHIN'S WAY

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GILLIES,
MICHAEL J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF COMMERCIAL BLDG. SEATING CAPACITY FOR 34 AT TABLES AND OR COUNTER. EMERGENCY ENTRANCE/EXIT AT SOUTHEAST FAÇADE. adding a 22 ft. by 25 ft. patio attached to building. 5 tables with 4 chairs each. The walls will be cedar frncing: two walls will be 6+ ft. tall and the street side will be 4 ft. High to control the area. We seat 38 people inside the restaurant and wish to add 20 seats on the patio,.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200173

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUEEQUEG LLC

DOING BUSINESS AS QUEEQUEG'S

ADDRESS 6 OAK STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: MONTGOMERY, CAROLINE
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor: dining room, bar, patio, cellar,, kitchen, re Fridgeration, bakery, storage area...restaurant
premises located at 4 east chestnut street known as "towne"

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200175

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOLA 41 RESTAURANT LLC

DOING BUSINESS AS LOLA 41

ADDRESS 15 South Beach St

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: COELHO, MARCO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

One story building with 1370 sq ft inclusive of kitchen. Front door with handicapped ramp . Second entrance/exit on east side. Third door at rear of bldg off the kitchen; OUTDOOR PATIO WITH SEATING FOR 12 PTRONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200181

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET TRADING POST INC.

DOING BUSINESS AS NANTUCKET TRADING POST

ADDRESS 12 NOBADEER FARM ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: TRUDELL III,
JOHN P.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF 3 STORY WOOD BUILDING WITH 3 ENTRANCES/EXITS INCLUDING
FRONT SIDE (EMPLOYEE DELIVERY) AND REAR (EMPLOYEE DELIVERY)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200184

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRIPLE EIGHT DISTILLERY LLC

DOING BUSINESS AS

ADDRESS 5 BARTLETT FARM RD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LONG, DEAN

TYPE OF LICENSE: Pouring Permit

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200185

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANTUCKET VINEYARD

DOING BUSINESS AS

ADDRESS 5 BARTLETT FARM ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: LONG, DEAN

TYPE OF LICENSE: Pouring Permit

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STARTING AT SOUTHWEST CORNER OF NANATUCKET VINEYARD RETAIL AREA
HEADING WEST FOR 25 FEET ALONG FENCE LINE, TURNING SOUTH 30 FT TOWARD
NORTHWEST CORNER OF DISTILLERY, TURNING EAST 100 FEET TO NORTHEAST
CORNER OF BREWERY RETAIL, HEADING NORTH TO NORTHEAST CORNER OF STONE
PATIO..RETAIL AAREA OF NANTUCKET VINEYARD PREMISES TO BE LICENSED FOR ON
PREMISES CONSUMPTION ONLY...AREA CONSISTING OF FIRST FLOOR OF TWO STORY
BARN LOCATED AT OCEAN VIEW FARM..ROOM CONTAINS TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200186

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CISCO BREWERS INC

DOING BUSINESS AS

ADDRESS 5 BARTLET FARM ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: HUDSON, C.
RANDOLPH

TYPE OF LICENSE: Pouring Permit

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GARDEN AREA STARTING AT NORTHEASTERN CORNER OF BREWERY RETAIL,
HEADING NORTH FOR 5 FT. AND TURNING WEST ALONG GARDEN FOR 60 FT, TURNING
SOUTH FOR 110 FT TO EDGE OF PATIO, TURNING EAST TO SOUTHWEST CORNER OF
BREWERY WALL TURNING NORTH ALONG BREWERY WALL TO BEGINNING AT
NORTHEAST CORNER OF RETAIL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200194

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FISH IN THE SPREAD LLC

DOING BUSINESS AS 12 DEGREES EAST

ADDRESS 12 CAMBRIDGE STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: BAKER, JONAS M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT OPEN TO THE PUBLIC SERVING DINNER AND LUNCH...BAR LOCATED IN THE LARGER SECTION OF THE BUILDING, WESTSIDE, THAT HAS BAR STOOLS FOR PATRONS TO ENJOY BEVERAGES WITH MEALS...IN THE EAST ROOM THERE ARE TABLES/CHAIRS FOR GUESTS TO ENJOY A SITDOWN DINNER WITH FULL SERVICE...THERE TWO ENTRANCES ON THE SOUTH WALL THAT ALSO SERVE AS FIRE EXITS, THERE ARE 3 OTHER EXITS TO THE BUILDING..ONE LOCATED ON THE NORTH WALL OR BACK SIDE, 1 ON THE EAST WALL AND ONE ON THE WEST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200195

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 85 ELLIS ISLAND LLC

DOING BUSINESS AS FUSARO'S

ADDRESS 17 OLD SOUTH ROAD

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: FUSARO, THOMAS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE BLDG IS APPROX. 1,500 SQ. FT. AND HAS A KITCHEN, DINING ROOM, BAR AND RESTROOMS ON THE 1ST FLOOR. THERE ARE 3 ENTRANCES/EXITS ON THIS FLOOR-1 ON EACH OF THE NORTH, WEST AND SOUTH FACING SIDES OF THE BLDG. THERE IS ALSO A PATIO FOR DINING OFF THE NORTH FACING SIDE OF THE BLDG. THE BASEMENT CONSISTS OF AN OFFICE, DRY STORAGE, WALK IN REFRIGERATOR, LAUNDRY AREA AND A PREP AREA. THERE IS AN ENT/EXIT ON THE SOUTH FACING SIDE OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

LOCAL LICENSING AUTHORITY

By:

(If disapproved explain)

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200196

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROCO LLC

DOING BUSINESS AS PAZZO

ADDRESS 130 PLEASANT ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: AMODIO, KATE
MARIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES, 1 IN FRONT AND 1 IN BACK OF BUILDING, HANDI CAP RAMP AND
BATHROOMS. 1250 SF

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200200

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOG MANAGEMENT LLC

DOING BUSINESS AS FOG ISLAND GRILL

ADDRESS 5 AMELIA DRIVE

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: DAWSON, ANNE
BLAKE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM WAITING ROOM WAITING BAR FRONT PATIO RECEPTION AREA
COMMERCIAL KITCHEN & TAKE OUT FOOD COUNTER...2652 SQ FT...6
ENTRANCES/EXITS...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: _____

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: **076200202**

CITY OR TOWN **NANTUCKET**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE RESTAURANT AT EASTON STREET LLC**

DOING BUSINESS AS

ADDRESS **77 EASTON STREET**

CITY/TOWN: **NANTUCKET**

STATE: **MA**

ZIP CODE: **02554**

MANAGER: **HOLMES, JAMES** TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

H.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HOTEL CONSISTING OF GROUND LEVEL SPACE AND 4 STORIES. ALCOHOL SERVICE IN 45 GUEST SUITES; 1ST FLOOR INCLUDING LOBBY/CAFÉ/LOUNGE/BAR, POOL AREA AND POOL DECK; AND COVERED DECKS (WITH COMBINED SEATING CAPACITY OF 234) ; AND FIRST FLOOR BALLROOM (SEATING CAPACITY OF 300); AND 4TH FLOOR BAR AND DECK. (SEATING CAPACITY OF 50 PERSONS). MAIN ENTRANCE ON EASTON STREET. MULTIPLE EGRESSES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

LOCAL LICENSING AUTHORITY

By:

(If disapproved explain)

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200203

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEA DOG NANTUCKET LLC

DOING BUSINESS AS SEA DOG BREW PUB

ADDRESS 15 SOUTH WATER ST

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: PALACIO-
BERSSEN,
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE FROM SO WATER ST TO FIRST FLOOR BAR AREA. TABLE SEATING TO LEFT AND RIGHT OF BAR. DINING ROOM AND KITCHEN LOCATED IN CENTER AND REAR OF 1ST FLOOR. EMERGENCY EXITS FROM DINING ROOM AND KITCHEN INTO PARKING AREA SECOND FLOOR CONTAINS OFFICE, RECORDS ROOM AND DRY STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200204

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE METROPOLITAN CLUB

DOING BUSINESS A MET ON MAIN

ADDRESS 38 MAIN STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: GOLDBERG, CARL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH TABLE AND BAR SEATING, OUTDOOR PATIO AND TO GO
FOOD. ENTRANCE/EXIT ON MAIN STREET..TWO EXITS IN BK, ONE TO ALLEY; ONE TO
PATIO, PATIO HAS ONE EXIT TO ALLEY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200205

CITY OR TOWN NANTUCKET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH V. ARNO

DOING BUSINESS AS ARNO'S BREAKFAST AND SEAFOOD RESTAURANT

ADDRESS 41 MAIN STREET

CITY/TOWN: NANTUCKET

STATE: MA

ZIP CODE: 02554

MANAGER: ARNO, JOSPEH V. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO AND A HALF STORY BUILDING WITH APPROX. 1700 SQ.FT. ON THE FIRST AND SECOND FLOORS. DINING AND BAR ON FIRST AND SECOND FLOORS, KITCHEN AT REAR OF FIRST AND SECOND FLOORS, THIRD STORAGE, BASEMENT OFFICE AND STORAGE. MAIN ENTRANCE IN FRONT, SIDE ENTRANCE (ON LEFT SIDE OF FRONT) TO STAIRS AND UPSTAIRS. TWO ADDITIONAL EXITS (STAFF AND EMERGENCY) AND BASEMENT ACCESS TO REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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By:

DATE:

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